

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

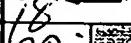
APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
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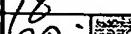
TOTAL IND.

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TOTAL DEP.

TOTAL CLAIMS



TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

